

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		220131.42
(b) Cash on Hand at Beginning of Reporting Period.....	279906.63	
(c) Total Receipts (from Line 19)	45620.24	257895.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	325526.87	478026.87
7. Total Disbursements (from Line 31).....	70500.00	223000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	255026.87	255026.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	37570.32	170061.06
(ii) Unitemized	8049.92	87834.39
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	45620.24	257895.45
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	45620.24	257895.45
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	45620.24	257895.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	45620.24	257895.45

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70500.00	223000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	70500.00	223000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70500.00	223000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	45620.24	257895.45
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45620.24	257895.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. CARLA M MUGGIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3533 FAIR OAKS LANE
 City State Zip Code
 LONGBOAT KEY FL 34228-4121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Ntwk Contract Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR1159798230141
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. KEITH W NOBLITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 SOUTH OAK POINTE DR
 City State Zip Code
 SENECA SC 29672-6764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SCE 3 NAs Ind Contr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR1159805530141
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. JAMES S WATSON III
 Full Name (Last, First, Middle Initial)
 Mailing Address 6520 SHENANDOAH DR
 City State Zip Code
 LINCOLN NE 68510-5159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Gen Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR1159806030141
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	128.46
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. WAYNE F COOK

Mailing Address 1200 PEBBLE HILL ROAD

City State Zip Code
 DOYLESTOWN PA 18901-3007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc VP Ops

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 660.00

Date of Receipt
 05 / 31 / 2013
Transaction ID : PR1159812830141

Amount of Each Receipt this Period
 120.00

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DAVID S WICHMANN

Mailing Address 7000 ANTRIM ROAD

City State Zip Code
 EDINA MN 55439-1708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc EVP Pres UHG Ops

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2115.30

Date of Receipt
 05 / 31 / 2013
Transaction ID : PR1159814730141

Amount of Each Receipt this Period
 384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. PATRICK J ERLANDSON

Mailing Address 1000 OLD LONG LAKE ROAD

City State Zip Code
 WAYZATA MN 55391-9690

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc SVP Bus Ops

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2115.30

Date of Receipt
 05 / 31 / 2013
Transaction ID : PR1159815930141

Amount of Each Receipt this Period
 384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 889.20

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. PATRICIA R SAURO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8943 HIDDEN MEADOW R
 City State Zip Code
 WOODBURY MN 55125-9138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP UnitedHlthcare
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR1159816430141
 Amount of Each Receipt this Period
 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

B. WILLIAM A MUNSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2119 WINDSONG CIRCLE
 City State Zip Code
 WAYZATA MN 55391-2259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc EVP UnitedHlth Group
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR1159816630141
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. JOHN S PENSHORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 BLACK OAKS LANE
 City State Zip Code
 WAYZATA MN 55391-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP UnitedHlth Group
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR1159816930141
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	704.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 105
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. PAUL D KALLMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 468 HERALD DR
 City AMBLER State PA Zip Code 19002-1530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1159817430141
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. TIMOTHY F RYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4913 BRUCE AVE
 City EDINA State MN Zip Code 55424-1113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1067.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1159817930141
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. THOMAS J QUIRK
 Full Name (Last, First, Middle Initial)
 Mailing Address 4307 BEECHWOOD LANE
 City DALLAS State TX Zip Code 75220-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1159819130141
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	394.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. WILLIAM C TRACY		Date of Receipt
Mailing Address 13016 CANTERBURY		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
LEAWOOD	KS	66209-1768
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	Hlth Plan CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="634.70"/>	
		Transaction ID : PR1159821530141
		Amount of Each Receipt this Period
		<input type="text" value="115.40"/>
		P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. RICHARD J MIGLIORI		Date of Receipt
Mailing Address PO BOX 72		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
WAYZATA	MN	55391-0072
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	SVP Bus Initiv Clin Aff	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	
		Transaction ID : PR1159827430141
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
		P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JEANNINE M RIVET		Date of Receipt
Mailing Address 4305 TRILLIUM WAY		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
MINNETRISTA	MN	55364-7708
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	EVP UnitedHlth Grp	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2115.30"/>	
		Transaction ID : PR1159830030141
		Amount of Each Receipt this Period
		<input type="text" value="384.60"/>
		P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. JACK E SHUFF		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR1159830530141
Mailing Address 360 ASPEN LANE		Amount of Each Receipt this Period 78.00
City COVINGTON	State LA	Zip Code 70433-5736
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation SB RVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00	P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JILL WINTERS		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR1159840430141
Mailing Address 16 SPOEDE LN		Amount of Each Receipt this Period 108.00
City SAINT LOUIS	State MO	Zip Code 63141-7708
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation Regn Pres	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 594.00	P/R Deduction (\$54.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Mr. ANTHONY WELTERS		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR1332013230141
Mailing Address 919 SAIGON ROAD		Amount of Each Receipt this Period 384.60
City MCLEAN	State VA	Zip Code 22102-2116
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation EVP UnitedHlth Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	570.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ROBERT J BOHNENKAMP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4925 WOODS COURT
 City GREENWOOD State MN Zip Code 55331-9291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1551005630141
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. MICHAEL J BRESOLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 W VIEW STREET
 City LOMBARD State IL Zip Code 60148-1659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Care Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1551005730141
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. JEFFREY W KAGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 CRESTWOOD LANE
 City FARMINGVILLE State NY Zip Code 11738-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Prod
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1551132330141
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► 158.00
TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. MICHAEL C MATTEO		Date of Receipt MM / DD / YYYY 05 / 31 / 2013
Mailing Address 25 JEREMIAHS WAY		Transaction ID : PR1551133430141
City SOUTH GLASTONBURY	State CT	Zip Code 06073-3621
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Chief Growth Off	Amount of Each Receipt this Period 38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. THOMAS J VALERIUS		Date of Receipt MM / DD / YYYY 05 / 31 / 2013
Mailing Address 2820 DEER RUN TRAIL		Transaction ID : PR1551161330141
City LONG LAKE	State MN	Zip Code 55356-9690
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation VP Recruiting	Amount of Each Receipt this Period 153.84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.12	P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. LOIS T WEIHRAUCH		Date of Receipt MM / DD / YYYY 05 / 31 / 2013
Mailing Address 10392 SHERMAN DRIVE		Transaction ID : PR1551161430141
City EDEN PRAIRIE	State MN	Zip Code 55347-4452
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	Amount of Each Receipt this Period 120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	312.30
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JOHN O ENDERLE
Full Name (Last, First, Middle Initial)
Mailing Address 31 ANDREIS TRAIL
City SOUTH WINDSOR State CT Zip Code 06074-2142
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Regn Exec Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 605.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1554323530141
Amount of Each Receipt this Period 110.00
P/R Deduction (\$55.00 Bi-Weekly)

B. MICHAEL RADU
Full Name (Last, First, Middle Initial)
Mailing Address 42820 VIOLA CT
City LEESBURG State VA Zip Code 20176-6847
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation COO Collaborative Care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 594.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1554324530141
Amount of Each Receipt this Period 108.00
P/R Deduction (\$54.00 Bi-Weekly)

C. CATHERINE E SPILLANE
Full Name (Last, First, Middle Initial)
Mailing Address 3807 PLEASANT VALLEY DRIVE
City MISSOURI CITY State TX Zip Code 77459-4111
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Bus Process
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.53

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1554324630141
Amount of Each Receipt this Period 38.46
P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 256.46
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KAREN L ERICKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 15348 RED OAKS ROAD SE
 City PRIOR LAKE State MN Zip Code 55372-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Optum Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1575957630141
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. ERNEST MONFILETTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3062 COMFORT ROAD
 City NEW HOPE State PA Zip Code 18938-5622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Plan Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1575958130141
 Amount of Each Receipt this Period 153.84
 P/R Deduction (\$76.92 Bi-Weekly)

C. LEE D VALENTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 GOLF TERRACE
 City EDINA State MN Zip Code 55424-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Pres Lif Scis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1575958530141
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 923.04
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. THOMAS S PAUL
Full Name (Last, First, Middle Initial)

Mailing Address 2006 QUEEN AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55405-2350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc UHC Chief Cnsmr Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
05 / 31 / 2013
Transaction ID : PR1580864730141

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

B. ROBERT THOMAS WEBB
Full Name (Last, First, Middle Initial)

Mailing Address 4516 DREXEL AVENUE

City State Zip Code
EDINA MN 55424-1130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc SVP UnitedHlth Grp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2115.30

Date of Receipt
05 / 31 / 2013
Transaction ID : PR1580865330141

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

C. RICHARD J HUGHES
Full Name (Last, First, Middle Initial)

Mailing Address 735 SAINT MORITZ

City State Zip Code
VICTORIA MN 55386-3706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc SVP Human Capital Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
05 / 31 / 2013
Transaction ID : PR1596304130141

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	784.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. THAD C JOHNSON

Mailing Address 16848 STIRRUP LN

City State Zip Code
 EDEN PRAIRIE MN 55347-3339

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Mkt Group Gen Counsel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 05 / 31 / 2013
Transaction ID : PR1596304330141

Amount of Each Receipt this Period
 200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. GAYE ADAMS MASSEY

Mailing Address 3801 ABBOTT AVE S

City State Zip Code
 MINNEAPOLIS MN 55410-1036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Sr Deputy Gen Counsel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1269.18

Date of Receipt
 05 / 31 / 2013
Transaction ID : PR1596304530141

Amount of Each Receipt this Period
 230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JAY S MATUSHAK

Mailing Address 9346 SHETLAND ROAD

City State Zip Code
 EDEN PRAIRIE MN 55347-3749

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc VP Finance

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 429.00

Date of Receipt
 05 / 31 / 2013
Transaction ID : PR1596304630141

Amount of Each Receipt this Period
 78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 508.76

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. CAROL B MORNESS		Date of Receipt
Mailing Address 401 N 2ND ST UNIT 512		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
MINNEAPOLIS	MN	55401-1591
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1596304930141
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Dir Underwriting	<input type="text" value="76.92"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="423.06"/>	

Full Name (Last, First, Middle Initial) B. DANIEL J SCHUMACHER		Date of Receipt
Mailing Address 11582 RASPBERRY HILL ROAD		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
EDEN PRAIRIE	MN	55344-3268
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1596305430141
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Mkt Group CFO	<input type="text" value="230.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$115.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1265.00"/>	

Full Name (Last, First, Middle Initial) C. SCOTT E THEISEN		Date of Receipt
Mailing Address 1950 MEADOWWOODS TRAIL		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
LONG LAKE	MN	55356-9312
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1596305630141
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Bus Segment CFO	<input type="text" value="38.46"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$19.23 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="211.53"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="345.38"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. THOMAS D LEWIS

Mailing Address 306 CHIPPEWA AVENUE

City State Zip Code
 TAMPA FL 33606-3614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 423.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : PR1596306930141

Amount of Each Receipt this Period
 76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. ROBERT W OBERRENDER

Mailing Address 4505 MOORLAND AVENUE

City State Zip Code
 EDINA MN 55424-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc SVP Treasurer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : PR1596307030141

Amount of Each Receipt this Period
 220.00

P/R Deduction (\$110.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DIANE BEDNAR FLYNN

Mailing Address 3318 FOXRIDGE CIRCLE

City State Zip Code
 TAMPA FL 33618-2149

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Regn Exec Dir

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : PR1596309730141

Amount of Each Receipt this Period
 78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 374.92

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. STEVAN D GARCIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 28115 BOULDER BRIDGE DRIVE
 City State Zip Code
 EXCELSIOR MN 55331-7959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR1596312930141
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. KURT A HEUMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9825 GERALD DR
 City State Zip Code
 SAINT LOUIS MO 63128-1767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Finance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR1596313730141
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. JOHN H RENNICK JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 3220 LAKEWOOD EDGE DRIVE
 City State Zip Code
 CHARLOTTE NC 28269-7705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR1596316830141
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 116.92
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. DANIEL I ROSENTHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 SLEEPY HOLLOW LANE
 City ORINDA State CA Zip Code 94563-1340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR1596317330141
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. KEVIN J RUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 16621 ALEXANDER MANOR DRIVE
 City SILVER SPRING State MD Zip Code 20905-5028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP, Hlth Advancement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR1596317430141
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$75.00 Bi-Weekly)

C. DAVID C STURKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1625 CONE FLOWER WAY
 City SUWANEE State GA Zip Code 30024-8576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR1596318430141
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	266.46
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JEFFREY ALAN TODD
 Full Name (Last, First, Middle Initial)
 Mailing Address 467 PRAIRIE WAY SOUTH
 City BAYPORT State MN Zip Code 55003-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1596319030141
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. M LAURIE WASSERSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 92 GOODWIN CIRCLE
 City HARTFORD State CT Zip Code 06105-5205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation PS NA VP Clnt Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1596319530141
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

C. MYRON R WERLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4260 FOXBERRY COURT
 City MEDINA State MN Zip Code 55340-9390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1596319630141
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 128.46
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JOHN P DODDY
Full Name (Last, First, Middle Initial)

Mailing Address 1 ROXITICUS VIEW

City CHESTER State NJ Zip Code 07930-3020

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Info Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR1600597330141

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

B. MICHAEL D MICHAUX
Full Name (Last, First, Middle Initial)

Mailing Address 742 GOODRICH AVE

City SAINT PAUL State MN Zip Code 55105-3343

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP GM PCM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR1600598530141

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

C. LEWIS G SANDY
Full Name (Last, First, Middle Initial)

Mailing Address 4800 SUNNYSLOPE ROAD E

City EDINA State MN Zip Code 55424-1163

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Clin Advancement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR1600598730141

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **478.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. MATTHEW W PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20595 SPENCER LANE
 City EXCELSIOR State MN Zip Code 55331-4523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR1602669930141
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JEFFREY W MALONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 18076 CLEAR SPRING LANE
 City EDEN PRAIRIE State MN Zip Code 55347-1078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1057.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR1613243530141
 Amount of Each Receipt this Period
 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

C. WILLIAM F KENNEDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 MYRA LN
 City BURLINGTON State CT Zip Code 06013-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR1653443130141
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	432.30
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. STEVE R KOOREN

Mailing Address 4444 ELLSWORTH DRIVE

City State Zip Code
EDINA MN 55435-4150

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Bus Segment CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2115.30

Date of Receipt
05 / 31 / 2013
Transaction ID : PR1653443230141

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. THOMAS J BELLAMY

Mailing Address 2743 THOMAS AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55416-4346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc SB RVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
634.70

Date of Receipt
05 / 31 / 2013
Transaction ID : PR1653444330141

Amount of Each Receipt this Period
115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. ALISTAIR D JACQUES

Mailing Address 645 OLD LONG LAKE ROAD

City State Zip Code
WAYZATA MN 55391-9684

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Bus Segment CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2115.30

Date of Receipt
05 / 31 / 2013
Transaction ID : PR1653445230141

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	884.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ELIZABETH DARCIE CORBIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7985 LEA CIRCLE
 City BLOOMINGTON State MN Zip Code 55438-1286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Hlth Care Initiv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1669432230141
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. Mr. MILES S SNOWDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3412 KNOLLWOOD DRIVE
 City ATLANTA State GA Zip Code 30305-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Med Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1746717830141
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. WILLIAM TALAMANTES
 Full Name (Last, First, Middle Initial)
 Mailing Address 11618 ROLLING MEADOW DR
 City GREAT FALLS State VA Zip Code 22066-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Six Sigma Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR1806444730141
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	664.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. PAUL M EMERSON
Full Name (Last, First, Middle Initial)

Mailing Address 18855 MEADOW VIEW BLVD

City PRIOR LAKE State MN Zip Code 55372-3133

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt **05 / 31 / 2013**

Transaction ID : PR1806750330141

Amount of Each Receipt this Period **76.92**

P/R Deduction (\$38.46 Bi-Weekly)

B. CATHERINE K ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 37 W 2000 S

City DRIGGS State ID Zip Code 83422-4874

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **634.70**

Date of Receipt **05 / 31 / 2013**

Transaction ID : PR1903550730141

Amount of Each Receipt this Period **115.40**

P/R Deduction (\$57.70 Bi-Weekly)

C. KATHLEEN L BISHOP
Full Name (Last, First, Middle Initial)

Mailing Address 145 COTTAGE RD

City ENFIELD State CT Zip Code 06082-2208

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **05 / 31 / 2013**

Transaction ID : PR1903560830141

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **232.32**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. ROBERT J DUFEK

Mailing Address 816 PROMONTORY PLACE

City State Zip Code
EAGAN MN 55123-2297

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR1903577130141

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. SUSAN B EDBERG

Mailing Address 9727 WELLINGTON RIDGE

City State Zip Code
WOODBURY MN 55125-9592

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Bus Segment COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR1903578130141

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. CHRISTOPHER T JOHNSON

Mailing Address 12880 53RD STREET NORTH

City State Zip Code
STILLWATER MN 55082-1063

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
429.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR1903591130141

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	328.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JOHN C SANTELLI
Full Name (Last, First, Middle Initial)

Mailing Address 20030 EXCELSIOR BLVD

City EXCELSIOR State MN Zip Code 55331-8727

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : PR1903622030141

Amount of Each Receipt this Period
 200.00

P/R Deduction (\$100.00 Bi-Weekly)

B. PAUL D WEYMOUTH
Full Name (Last, First, Middle Initial)

Mailing Address 317 WRIGHTS MILL RD

City COVENTRY State CT Zip Code 06238-1559

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : PR1903636930141

Amount of Each Receipt this Period
 38.46

P/R Deduction (\$19.23 Bi-Weekly)

C. RUSSELL A BENNETT
Full Name (Last, First, Middle Initial)

Mailing Address 4 HALSEY AVE

City LAGUNA NIGUEL State CA Zip Code 92677-5327

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : PR2119468030141

Amount of Each Receipt this Period
 40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	278.46
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. SUSAN LYNN BERKEL
Full Name (Last, First, Middle Initial)

Mailing Address 10 SHADOW GLEN

City IRVINE State CA Zip Code 92620-0204

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2112.00**

Date of Receipt **05 / 31 / 2013**

Transaction ID : PR2119468130141

Amount of Each Receipt this Period **384.00**

P/R Deduction (\$192.00 Bi-Weekly)

B. KATHIE L BRYAN
Full Name (Last, First, Middle Initial)

Mailing Address 912 JOSHUA PLACE

City SAN DIEGO State CA Zip Code 92154-2537

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Assc Dir Mrkting Comm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **05 / 31 / 2013**

Transaction ID : PR2119469430141

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$25.00 Bi-Weekly)

C. DAVID S CARLSON
Full Name (Last, First, Middle Initial)

Mailing Address 13130 WESTPORT ST

City MOORPARK State CA Zip Code 93021-2958

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Mktg Rsch

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **05 / 31 / 2013**

Transaction ID : PR2119470230141

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **474.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. LESLIE J CARTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 19021 POPPY HILL CIRCLE
 City HUNTINGTON BEACH State CA Zip Code 92648-6710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1056.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2119470330141
 Amount of Each Receipt this Period 192.00
 P/R Deduction (\$96.00 Bi-Weekly)

B. RICHARD A CROSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 11361 DONOVAN ROAD
 City ROSSMOOR State CA Zip Code 90720-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2119471830141
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. KENNETH R DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 N 71ST ST
 City SEATTLE State WA Zip Code 98103-5019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2119472530141
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 282.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. LINDA M DAYAN
Full Name (Last, First, Middle Initial)

Mailing Address 5364 E ABBEYFIELD ST

City State Zip Code
LONG BEACH CA 90815-3023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Chief of Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt
05 / 31 / 2013

Transaction ID : PR2119472630141

Amount of Each Receipt this Period
38.00

P/R Deduction (\$19.00 Bi-Weekly)

B. AMY J GILDERNICK
Full Name (Last, First, Middle Initial)

Mailing Address 2709 WILLIAMS GRANT

City State Zip Code
DE PERE WI 54115-9456

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Assc Dir Clms

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
05 / 31 / 2013

Transaction ID : PR2119475230141

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. DAVID M HANSEN
Full Name (Last, First, Middle Initial)

Mailing Address 33 VIA CONOCIDO

City State Zip Code
SAN CLEMENTE CA 92673-7044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1485.00**

Date of Receipt
05 / 31 / 2013

Transaction ID : PR2119476730141

Amount of Each Receipt this Period
270.00

P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	348.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. SAMUEL W HO
Full Name (Last, First, Middle Initial)
Mailing Address 4220 OCEAN DR
City MANHATTAN BEACH State CA Zip Code 90266-3059
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Mkt Grp Chief Clin Off
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1691.80

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2119477930141
Amount of Each Receipt this Period 307.60
P/R Deduction (\$153.80 Bi-Weekly)

B. KEVIN D HOST
Full Name (Last, First, Middle Initial)
Mailing Address 14617 GRANT ST
City OVERLAND PARK State KS Zip Code 66221-2283
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Pharm Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2119478230141
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

C. BRIAN JEFFREY
Full Name (Last, First, Middle Initial)
Mailing Address 9 RIMROCK
City IRVINE State CA Zip Code 92603-3604
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Regn Pres Ntwk Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2119479130141
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 397.60
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. JOHN D JONES		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2119479230141
Mailing Address 3562 REDWOOD		Amount of Each Receipt this Period 192.00
City IRVINE	State CA	Zip Code 92606-2124
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP Govt Rel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1056.00	P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. HEATHER M MACE-MEADOR		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2119482530141
Mailing Address 13531 CARLTON OAKS		Amount of Each Receipt this Period 40.00
City SAN ANTONIO	State TX	Zip Code 78232-4902
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Dir Med Clin Ops
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. KEITH E NYGARD		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2119485030141
Mailing Address 1139 E OCEAN BOULEVARD #106		Amount of Each Receipt this Period 40.00
City LONG BEACH	State CA	Zip Code 90802-6521
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Compli Cnslt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	272.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. LYNDA A PAXSON
Full Name (Last, First, Middle Initial)
Mailing Address 3924 E GARNET PL
City State Zip Code
HIGHLANDS RANCH CO 80126-5044
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
United HealthCare Services Inc Sr Field Acct Mgr
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013
Transaction ID : PR2119485830141
Amount of Each Receipt this Period
50.00
P/R Deduction (\$25.00 Bi-Weekly)

B. AUSTIN T PITTMAN
Full Name (Last, First, Middle Initial)
Mailing Address 14 LOCH RIDGE DRIVE
City State Zip Code
GREENSBORO NC 27408-3868
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
United HealthCare Services Inc Pres Ntwks
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1485.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013
Transaction ID : PR2119486730141
Amount of Each Receipt this Period
270.00
P/R Deduction (\$135.00 Bi-Weekly)

C. CYNTHIA L POLICH
Full Name (Last, First, Middle Initial)
Mailing Address 3401 E VIA PALOMITA
City State Zip Code
TUCSON AZ 85718-3371
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
United HealthCare Services Inc M R Pres
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013
Transaction ID : PR2119486830141
Amount of Each Receipt this Period
200.00
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	520.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. SHARON A RICCIUTI

Mailing Address 55 PERENNIAL

City State Zip Code
 IRVINE CA 92603-0621

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Dir Clin Qlty

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2119487930141

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MARILYNN D STYERS

Mailing Address 6485 WAYFINDERS CT

City State Zip Code
 CARLSBAD CA 92011-4076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc VP Med Clin Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2119490730141

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. CHERYL TANIGAWA MD

Mailing Address 5598 NAPLES CANAL

City State Zip Code
 LONG BEACH CA 90803-4018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc SVP Entrprs Hlth Svs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2119491130141

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **180.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. STEVEN M TUCKER

Mailing Address 12331 COUNTRY LANE

City State Zip Code
SANTA ANA CA 92705-3330

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc VP Regl Affs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1056.00**

Date of Receipt
05 / 31 / 2013

Transaction ID : PR2119492030141

Amount of Each Receipt this Period
192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. SUSAN VANASTEN

Mailing Address W313 GOLDEN GLOW RD

City State Zip Code
KAUKAUNA WI 54130-7809

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Site Dir Medicr Ins Sls

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
05 / 31 / 2013

Transaction ID : PR2119492630141

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. LINDA D DAUGHERTY

Mailing Address 15442 NORTH 19TH WAY

City State Zip Code
PHOENIX AZ 85022-3329

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Assc Gen Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
05 / 31 / 2013

Transaction ID : PR2119493530141

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	312.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. GREGORY WRIGHT		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2119494130141
Mailing Address 13901 MAUVE DRIVE		Amount of Each Receipt this Period 50.00
City SANTA ANA State CA Zip Code 92705-2649	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation Regn Pres	Aggregate Year-to-Date 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. FORREST G BURKE		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2133132430141
Mailing Address 380 LEAF STREET		Amount of Each Receipt this Period 200.00
City ORONO State MN Zip Code 55356-9733	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation Pres PS Labor Trust	Aggregate Year-to-Date 1100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CHARLES W HANSON		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2133133130141
Mailing Address 4133 WHITE OAK LN		Amount of Each Receipt this Period 50.00
City EXCELSIOR State MN Zip Code 55331-5702	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation VP Underwriting	Aggregate Year-to-Date 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. BROR O HULTGREN		Date of Receipt
Mailing Address 408 22ND ST		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
GOLDEN	CO	80401-2452
FEC ID number of contributing federal political committee.		Transaction ID : PR2133133230141
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.92"/>
Name of Employer	Occupation	P/R Deduction (\$38.46 Bi-Weekly)
United HealthCare Services Inc	Regn Pres	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="423.06"/>	

Full Name (Last, First, Middle Initial) B. ALLEN D MILLER		Date of Receipt
Mailing Address 6209 CRESCENT DRIVE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
EDINA	MN	55436-2530
FEC ID number of contributing federal political committee.		Transaction ID : PR2133133630141
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="70.00"/>
Name of Employer	Occupation	P/R Deduction (\$35.00 Bi-Weekly)
United HealthCare Services Inc	Regn Exec Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="385.00"/>	

Full Name (Last, First, Middle Initial) C. SUSAN C MORISATO		Date of Receipt
Mailing Address 238 ARDMORE ROAD		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
DES PLAINES	IL	60016-2119
FEC ID number of contributing federal political committee.		Transaction ID : PR2133133830141
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="386.00"/>
Name of Employer	Occupation	P/R Deduction (\$193.00 Bi-Weekly)
United HealthCare Services Inc	Pres Insurance Sols	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2123.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="532.92"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. T JEFFREY PUTNAM
Full Name (Last, First, Middle Initial)

Mailing Address 303 ELMWOOD PLACE WEST

City State Zip Code
MINNEAPOLIS MN 55419-1349

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc SVP Financial Plng Anlys

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.30**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2133134230141

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

B. DIANE M SCHIMMELBUSCH
Full Name (Last, First, Middle Initial)

Mailing Address 2203 RIVER FALLS DRIVE

City State Zip Code
KINGWOOD TX 77339-3124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Dir Med Clin Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2133134630141

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

C. ROBERT C FALKENBERG
Full Name (Last, First, Middle Initial)

Mailing Address 6069 WEATHERED OAK CT

City State Zip Code
WESTERVILLE OH 43082-8304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2145728430141

Amount of Each Receipt this Period
76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	511.52
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 105
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ROB FARAHANI
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 704

City HUNTINGTON State NY Zip Code 11743-0704

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir IT Proj Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt **05 / 31 / 2013**

Transaction ID : PR2145728530141

Amount of Each Receipt this Period **76.92**

P/R Deduction (\$38.46 Bi-Weekly)

B. WAYNE MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 19521 SIERRA SOTO RD

City IRVINE State CA Zip Code 92603-3840

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Clnt Relationship

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **05 / 31 / 2013**

Transaction ID : PR2145729230141

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Bi-Weekly)

C. MICHAEL P SCHWARZ
Full Name (Last, First, Middle Initial)

Mailing Address 13935 WOODRIDGE PATH

City SAVAGE State MN Zip Code 55378-3155

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt **05 / 31 / 2013**

Transaction ID : PR2145729730141

Amount of Each Receipt this Period **70.00**

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **186.92**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. DANNETTE L SMITH

Mailing Address 5414 BYSCANE LANE

City State Zip Code
MINNETONKA MN 55345-5601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Sr Deputy Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2123.00

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2145729930141

Amount of Each Receipt this Period
386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MARGARET W WEAR

Mailing Address 44 TOPANGA

City State Zip Code
IRVINE CA 92602-2422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc VP Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2145730230141

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DAVID A SPIVACK

Mailing Address 37 HIDDEN TRAIL

City State Zip Code
IRVINE CA 92603-0212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc SVP Bus Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2115.30

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2162867630141

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	870.60
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. CHRISTINE W GIBSON		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2013 Transaction ID : PR2225166730141
Mailing Address 8516 29TH AVE N		Amount of Each Receipt this Period 230.76
City NEW HOPE	State MN	Zip Code 55427-2622
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP Strat Initiv
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1269.18	P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ANDREW M SLAVITT		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2013 Transaction ID : PR2225167430141
Mailing Address 5125 MIRROR LAKES DRIVE		Amount of Each Receipt this Period 500.00
City EDINA	State MN	Zip Code 55436-1341
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Optum Exec
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	P/R Deduction (\$250.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JEAN-FRANCOIS BEAULE		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2013 Transaction ID : PR2225813630141
Mailing Address 7 STRATFORD RD		Amount of Each Receipt this Period 115.40
City FARMINGTON	State CT	Zip Code 06032-1444
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 634.70	P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	846.16
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. MICHAEL MCGUIRE

Mailing Address 437 DRURY LANE

City WYCKOFF State NJ Zip Code 07481-2204

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2225818830141

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. ERIC S RANGEN

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE State MN Zip Code 55372-1834

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Chief Accting Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2225819330141

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JOHN D RYAN

Mailing Address 45 WESTMORELAND LN

City NAPERVILLE State IL Zip Code 60540-5817

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation RVP Clnt Mgmt Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2225819630141

Amount of Each Receipt this Period
76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **501.52**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ROY THOMAS SAILOR
Full Name (Last, First, Middle Initial)

Mailing Address 276 COYOTE WILLOW DRIVE

City	State	Zip Code
COLORADO SPRINGS	CO	80921-7631

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Dir Clnt Svc Acct Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : PR2225819730141

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

B. KAREN A DIPALMO
Full Name (Last, First, Middle Initial)

Mailing Address 7533 PRAIRIE VIEW DR

City	State	Zip Code
INDIANAPOLIS	IN	46256-8408

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Golden Rule Financial Corp.	Dir Ntwk Prgms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : PR2231347230141

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

C. DARRELL S RICHEY
Full Name (Last, First, Middle Initial)

Mailing Address 10823 MOORS END CIRCLE

City	State	Zip Code
FISHERS	IN	46038-2612

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Golden Rule Financial Corp.	Deputy Gen Counsel Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : PR2231352330141

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	373.84
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. MICHAEL R CONNLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 570 MONTCALM PL
 City SAINT PAUL State MN Zip Code 55116-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Tech Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2247625830141
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JOSEPH R CARCIONE JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CARRIAGE WAY
 City WHITE PLAINS State NY Zip Code 10605-5424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 634.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2247626830141
 Amount of Each Receipt this Period
 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

C. KEVIN DAVID KANTOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 7031 HALSTEAD DRIVE
 City MINNETRISTA State MN Zip Code 55364-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2247627030141
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 393.40
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. DENNIS P O'BRIEN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2013
Mailing Address 61 LOUGHLIN AVE		Transaction ID : PR2247627330141
City COS COB	State CT	Zip Code 06807-2621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.40
Name of Employer United HealthCare Services Inc	Occupation Regn Pres Ntwk Mgmt	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 634.70	

Full Name (Last, First, Middle Initial) B. JEFFERY RICHARD VERNEY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2013
Mailing Address 266 WESTLEDGE ROAD		Transaction ID : PR2247627430141
City WEST SIMSBURY	State CT	Zip Code 06092-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.40
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 634.70	

Full Name (Last, First, Middle Initial) C. SANJAY GARODIA		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2013
Mailing Address 282 MIDDAUGH		Transaction ID : PR2247627830141
City CLARENDON HILLS	State IL	Zip Code 60514-1067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer United HealthCare Services Inc	Occupation COO IBS	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	

SUBTOTAL of Receipts This Page (optional).....▶	307.72
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. DANIEL L OHMAN
Full Name (Last, First, Middle Initial)

Mailing Address 8970 MOOR PARK RUN

City State Zip Code
DULUTH GA 30097-6621

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Regn CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2247628030141

Amount of Each Receipt this Period
53.84

P/R Deduction (\$26.92 Bi-Weekly)

B. JOHN M PRINCE
Full Name (Last, First, Middle Initial)

Mailing Address 546 HARRINGTON ROAD

City State Zip Code
WAYZATA MN 55391-1550

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Mkt Group CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1067.00

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2259738430141

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

C. CHRISTOPHER L CRONN
Full Name (Last, First, Middle Initial)

Mailing Address 1001 CONGRESS SUITE 300

City State Zip Code
AUSTIN TX 78701-5002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2270522930141

Amount of Each Receipt this Period
76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 324.76

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. SIMON L STEVENS		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2364863230141
Mailing Address 1716 EMERSON AVENUE SOUTH		Amount of Each Receipt this Period 217.40
City MINNEAPOLIS	State MN	Zip Code 55403-2906
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation EVP UnitedHlth Group
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1195.70	P/R Deduction (\$108.70 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JEANNE M DE SA		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2402315930141
Mailing Address 3000 TILDEN STREET NW #204-1		Amount of Each Receipt this Period 100.00
City WASHINGTON	State DC	Zip Code 20008-3017
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP Rsch
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. ANGELA DAWN KEPLEY CARRIER		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2402317730141
Mailing Address 3219 PENINSULA DRIVE		Amount of Each Receipt this Period 40.00
City JAMESTOWN	State NC	Zip Code 27282-8717
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Dir Med Clin Ops
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	357.40
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. MARILYN LEVI-BAUMGARTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 W 27TH ST
 City SAINT LOUIS PARK State MN Zip Code 55416-1933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 31 / 2013**
Transaction ID : PR2402317930141
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

B. JAKE LOGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4826 EAST CALLE REDONDA
 City PHOENIX State AZ Zip Code 85018-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **05 / 31 / 2013**
Transaction ID : PR2402318230141
 Amount of Each Receipt this Period **50.00**
 P/R Deduction (\$25.00 Bi-Weekly)

C. MARIA MCCAULEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6321 MANATEE AVENUE WEST
 City BRADENTON State FL Zip Code 34209-2372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Proj Mgr II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 31 / 2013**
Transaction ID : PR2402318430141
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **130.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. DIANE D SOUZA		Date of Receipt MM / DD / YYYY 05 / 31 / 2013
Mailing Address 360 STANLEY DRIVE		Transaction ID : PR2402320030141
City GLASTONBURY	State CT	Zip Code 06033-2624
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 384.60	
Name of Employer United HealthCare Services Inc	Occupation CEO Spclty Bens	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1923.00	

Full Name (Last, First, Middle Initial) B. LORI SWEERE LILIENTHAL		Date of Receipt MM / DD / YYYY 05 / 31 / 2013
Mailing Address 5701 S JOSH WYATT DR		Transaction ID : PR2402320230141
City SIOUX FALLS	State SD	Zip Code 57108-5225
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 386.00	
Name of Employer United HealthCare Services Inc	Occupation EVP Human Capital	P/R Deduction (\$193.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2123.00	

Full Name (Last, First, Middle Initial) C. SHELLEY WIKE CRANLEY		Date of Receipt MM / DD / YYYY 05 / 31 / 2013
Mailing Address 3801 MAURICE COURT		Transaction ID : PR2402444430141
City LAS VEGAS	State NV	Zip Code 89108-5245
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer United HealthCare Services Inc	Occupation Dir Regl Affs	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional).....▶	970.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JAY M ANLIKER
Full Name (Last, First, Middle Initial)

Mailing Address 4306 MOUNTAIN LANE

City WAUSAU State WI Zip Code 54401-8543

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation CEO TPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **05 / 31 / 2013**

Transaction ID : PR2402445030141

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Bi-Weekly)

B. JAMES H BECKER
Full Name (Last, First, Middle Initial)

Mailing Address 378 FERNDAL ROAD WEST

City WAYZATA State MN Zip Code 55391-1559

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1692.35**

Date of Receipt **05 / 31 / 2013**

Transaction ID : PR2402445130141

Amount of Each Receipt this Period **307.70**

P/R Deduction (\$153.85 Bi-Weekly)

C. JAMES C COLEMAN
Full Name (Last, First, Middle Initial)

Mailing Address 4135 ETHAN DRIVE

City EAGAN State MN Zip Code 55123-4908

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Empl Rel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **05 / 31 / 2013**

Transaction ID : PR2402445230141

Amount of Each Receipt this Period **200.00**

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **547.70**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JAMES D DONOVAN
Full Name (Last, First, Middle Initial)

Mailing Address 2816 MONTREAUX DRIVE

City	State	Zip Code
FRISCO	TX	75034-1855

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	SVP Bus Dev Mktg

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **715.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : PR2402445330141

Amount of Each Receipt this Period

130.00

P/R Deduction (\$65.00 Bi-Weekly)

B. JOHN L LARSEN
Full Name (Last, First, Middle Initial)

Mailing Address 11688 TANGLEWOOD DRIVE

City	State	Zip Code
EDEN PRAIRIE	MN	55347-4726

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Bus Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2123.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : PR2402445630141

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

C. JOY O HIGA
Full Name (Last, First, Middle Initial)

Mailing Address 2208 ELM AVENUE

City	State	Zip Code
MANHATTAN BEACH	CA	90266-2809

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Dir Regl Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : PR2402446230141

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	576.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. SOHINI G JINDAL

Mailing Address 9300 IVY TREE LANE

City State Zip Code
 GREAT FALLS VA 22066-2206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Govt Rel Dir

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : PR2402446330141

Amount of Each Receipt this Period
 200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. RUSSELL C PETRELLA

Mailing Address 4612 MOORLAND AVENUE

City State Zip Code
 EDINA MN 55424-1159

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Regn Pres

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : PR2402446430141

Amount of Each Receipt this Period
 200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. CORY ALEXANDER

Mailing Address 4203 BRADLEY LANE

City State Zip Code
 CHEVY CHASE MD 20815-5234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc VP Gov't Rel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : PR2405428830141

Amount of Each Receipt this Period
 384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 784.60

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. RODNEY CHARLES ARMSTEAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 LEWELEN CIRCLE
 City State Zip Code
 ENGLEWOOD NJ 07631-2021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2405430230141
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. PETER H WALSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 495 HIGHCROFT ROAD
 City State Zip Code
 WAYZATA MN 55391-1548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Sr Deputy Gen Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1067.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2405431130141
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. KAREN ANN SAELENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 N FLORENCE AVE
 City State Zip Code
 LITCHFIELD PARK AZ 85340-4424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Exec Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2408544830141
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 314.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. GAIL KOZIARA BOUDREAUX		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2437119530141
Mailing Address 841 HOLDEN COURT		Amount of Each Receipt this Period 384.62
City LAKE FOREST	State IL	Zip Code 60045-4913
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation EVP Gr Pres UHC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.41	P/R Deduction (\$192.31 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JEFFREY SEAN CORZINE		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2437119730141
Mailing Address 7649 EARLINGTON PARKWAY		Amount of Each Receipt this Period 40.00
City DUBLIN	State OH	Zip Code 43017-3424
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Dir Mktg Bus Dev
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JACK S WEISS		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2437120530141
Mailing Address 6245 NORTH 75 STREET		Amount of Each Receipt this Period 50.00
City SCOTTSDALE	State AZ	Zip Code 85250-4621
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Shared Svs Regn CMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	474.62
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. PAUL JOSEPH BALTHAZOR
Full Name (Last, First, Middle Initial)

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City State Zip Code
BROOKLYN PARK MN 55443-1754

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Bus Segment CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2437120730141

Amount of Each Receipt this Period
120.00

P/R Deduction (\$60.00 Bi-Weekly)

B. KELLY L CLARK
Full Name (Last, First, Middle Initial)

Mailing Address 13540 BIRCHWOOD AVENUE

City State Zip Code
ROSEMOUNT MN 55068-3561

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Bus Segment CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2437121330141

Amount of Each Receipt this Period
76.92

P/R Deduction (\$38.46 Bi-Weekly)

C. LAURA L NESS
Full Name (Last, First, Middle Initial)

Mailing Address 10550 PINNACLE WAY

City State Zip Code
WOODBURY MN 55129-4282

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2437121530141

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	274.92
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JOHN W COSGRIFF
Full Name (Last, First, Middle Initial)

Mailing Address 1837 SUMMIT LANE

City MENDOTA HEIGHTS State MN Zip Code 55118-4137

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Chief of Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2437121630141

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

B. PETER W RAINEY
Full Name (Last, First, Middle Initial)

Mailing Address 3115 WEST 47 STREET

City MINNEAPOLIS State MN Zip Code 55410-1857

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1265.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2437127530141

Amount of Each Receipt this Period 230.00

P/R Deduction (\$115.00 Bi-Weekly)

C. ROBIN E LIPPERT
Full Name (Last, First, Middle Initial)

Mailing Address 522 4 STREET SOUTH EAST

City WASHINGTON State DC Zip Code 20003-4212

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.41

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2439928030141

Amount of Each Receipt this Period 384.62

P/R Deduction (\$192.31 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 654.62

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. STEPHEN M HEYMAN		Date of Receipt
Mailing Address 5300 SHERRILL AVENUE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
CHEVY CHASE	MD	20815-3720
FEC ID number of contributing federal political committee.		Transaction ID : PR2444265730141
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	P/R Deduction (\$100.00 Bi-Weekly)
United HealthCare Services Inc	VP Govt Rel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	

Full Name (Last, First, Middle Initial) B. LORI C MCDOUGAL		Date of Receipt
Mailing Address 19705 LAKEVIEW AVENUE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
EXCELSIOR	MN	55331-9351
FEC ID number of contributing federal political committee.		Transaction ID : PR2445015330141
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="384.60"/>
Name of Employer	Occupation	P/R Deduction (\$192.30 Bi-Weekly)
United HealthCare Services Inc	CEO UMVS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2115.30"/>	

Full Name (Last, First, Middle Initial) C. DONALD S LANGER		Date of Receipt
Mailing Address 5110 OAK RAMBLING DRIVE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
KATY	TX	77494-1971
FEC ID number of contributing federal political committee.		Transaction ID : PR2445015430141
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	P/R Deduction (\$20.00 Bi-Weekly)
United HealthCare Services Inc	Plan Pres	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="624.60"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. MARK J DUHAIME
Full Name (Last, First, Middle Initial)

Mailing Address 5781 RUBY DRIVE

City TROY State MI Zip Code 48085-3922

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Info Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2445016930141

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

B. EILEEN J LIVERANI
Full Name (Last, First, Middle Initial)

Mailing Address 100 BOSTOCK ROAD

City SHOKAN State NY Zip Code 12481-5400

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.70

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2460167230141

Amount of Each Receipt this Period 55.40

P/R Deduction (\$27.70 Bi-Weekly)

C. DANIEL KRAJNOVICH
Full Name (Last, First, Middle Initial)

Mailing Address 9958 BUTTOWNDOWN LANE

City ZIONSVILLE State IN Zip Code 46077-8135

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2460167330141

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 173.40

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KARIN KEITEL
Full Name (Last, First, Middle Initial)

Mailing Address 3918 HAVEN ROAD

City MINNETONKA State MN Zip Code 55345-2371

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2460167630141

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

B. JELKA S PETROVIC
Full Name (Last, First, Middle Initial)

Mailing Address 4454 PEPPER MILL LANE

City ORION State MI Zip Code 48359-2069

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2460168030141

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. LARRY C RENFRO
Full Name (Last, First, Middle Initial)

Mailing Address 5 DOVE LANE

City ANDOVER State MA Zip Code 01810-2845

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation EVP UHG CEO Optum

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2460168130141

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	524.60
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. DAVID B ORBUCH		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2460168230141
Mailing Address 3370 SYCAMORE LANE		Amount of Each Receipt this Period 77.00
City PLYMOUTH	State MN	Zip Code 55441-2229
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.50 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Chief Compli Off	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.50	

Full Name (Last, First, Middle Initial) B. ERIC J WEXLER		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2463723130141
Mailing Address 7220 WILLOW OAK DR		Amount of Each Receipt this Period 64.00
City WEST BLOOMFIELD	State MI	Zip Code 48324-3081
FEC ID number of contributing federal political committee. C		P/R Deduction (\$32.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Bus Segment Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.00	

Full Name (Last, First, Middle Initial) C. KAREN L WALKOWSKI		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2463723430141
Mailing Address 6359 COUNTRY ROAD		Amount of Each Receipt this Period 40.00
City EDEN PRAIRIE	State MN	Zip Code 55346-1342
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Bus Process	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional).....▶	181.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 105
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. SUE SCHICK
Full Name (Last, First, Middle Initial)

Mailing Address 714 GREYTHORNE ROAD

City WYNNEWOOD State PA Zip Code 19096-2511

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2480620530141

Amount of Each Receipt this Period 250.00

P/R Deduction (\$125.00 Bi-Weekly)

B. LILLIAN R HECKMAN
Full Name (Last, First, Middle Initial)

Mailing Address 552 DEER LAKE CIRCLE

City BLUE BELL State PA Zip Code 19422-1371

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2484542130141

Amount of Each Receipt this Period 60.00

P/R Deduction (\$30.00 Bi-Weekly)

C. MARK A PHILLIPS
Full Name (Last, First, Middle Initial)

Mailing Address 1760 LUCY RIDGE CT

City CHANHASSEN State MN Zip Code 55317-7661

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP SIs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2484542630141

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	388.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. JERI G KUBICKI		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2486697830141
Mailing Address 7659 COLDSTREAM DRIVE		Amount of Each Receipt this Period 100.00
City CINCINNATI	State OH	Zip Code 45255-3932
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation VP Govt Rel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. THOMAS B MANDERFELD		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2486697930141
Mailing Address 4835 PENN AVENUE SOUTH		Amount of Each Receipt this Period 80.00
City MINNEAPOLIS	State MN	Zip Code 55419-5258
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DIRK C MCMAHON		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2491457030141
Mailing Address 60 WILDHURST ROAD		Amount of Each Receipt this Period 200.00
City EXCELSIOR	State MN	Zip Code 55331-8461
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation Bus Segment CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	380.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KATHRYN M SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 530 N LAKE SHORE DR # 2309

City CHICAGO State IL Zip Code 60611-7435

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1067.00

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2491457530141

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

B. KARA V SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 610 CRESTWOOD DRIVE

City ALEXANDRIA State VA Zip Code 22302-2533

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1692.35

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2540175330141

Amount of Each Receipt this Period
307.70

P/R Deduction (\$153.85 Bi-Weekly)

C. HYLLIUS R EDWARDS
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 44246

City DENVER State CO Zip Code 80201-4246

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2541300430141

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 601.70

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JOHN VERSAGGI
Full Name (Last, First, Middle Initial)

Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA State VA Zip Code 22302-3501

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1057.76

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2541300830141

Amount of Each Receipt this Period
192.32

P/R Deduction (\$96.16 Bi-Weekly)

B. JOHN F DOHERTY
Full Name (Last, First, Middle Initial)

Mailing Address 5338 SPILMAN AVENUE

City SACRAMENTO State CA Zip Code 95819-1734

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2542024530141

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

C. BRENDAN HOSTETLER
Full Name (Last, First, Middle Initial)

Mailing Address 3643 N SEELEY AVENUE #2

City CHICAGO State IL Zip Code 60618-4925

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2542541930141

Amount of Each Receipt this Period
60.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 352.32

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JENNIFER L MCMULLEN
Full Name (Last, First, Middle Initial)

Mailing Address 857 GLENBROOK DRIVE

City ATLANTA State GA Zip Code 30318-1621

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2542542130141

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. RICHARD E RAMSAY
Full Name (Last, First, Middle Initial)

Mailing Address 543 E LURAY AVE

City ALEXANDRIA State VA Zip Code 22301-1605

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2542542230141

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

C. IPYANA SPENCER
Full Name (Last, First, Middle Initial)

Mailing Address 4226 40TH STREET NORTH

City ARLINGTON State VA Zip Code 22207-4610

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2542542330141

Amount of Each Receipt this Period
60.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. CHANTA G COMBS
Full Name (Last, First, Middle Initial)
Mailing Address 4229 SUMMERTREE DRIVE
City TALLAHASSEE State FL Zip Code 32311-3331
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2552313530141
Amount of Each Receipt this Period 76.92
P/R Deduction (\$38.46 Bi-Weekly)

B. JEANNE M PACE
Full Name (Last, First, Middle Initial)
Mailing Address 458 MORENO ROAD
City WYNNEWOOD State PA Zip Code 19096-1124
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA Sr Acct Exe
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2552313730141
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

C. JEREMY VAUGHN BRYANT
Full Name (Last, First, Middle Initial)
Mailing Address 11700 ARBORHILL DRIVE
City ZIONSVILLE State IN Zip Code 46077-9683
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 385.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2552961330141
Amount of Each Receipt this Period 70.00
P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 224.92
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. SCOTT F FLANNERY		Date of Receipt
Mailing Address 8508 TRELADY CT		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
PLANO	TX	75024-6827
FEC ID number of contributing federal political committee.		Transaction ID : PR2552962330141
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
United HealthCare Services Inc	Hlth Plan CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="429.00"/>	

Full Name (Last, First, Middle Initial) B. CLAIRE L HANNAN		Date of Receipt
Mailing Address 25932 PORTAFINO DRIVE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
MISSION VIEJO	CA	92691-5716
FEC ID number of contributing federal political committee.		Transaction ID : PR2552962730141
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
United HealthCare Services Inc	VP Gen Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="429.00"/>	

Full Name (Last, First, Middle Initial) C. GREGORY J JAMES		Date of Receipt
Mailing Address 2323 KINGS POINT DRIVE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
LARGO	FL	33774-1009
FEC ID number of contributing federal political committee.		Transaction ID : PR2552963230141
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
United HealthCare Services Inc	Med Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="429.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="234.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JARRETT T JEDLICKA
 Full Name (Last, First, Middle Initial)
 Mailing Address 554 SPRUCE ST
 City EAGAN State MN Zip Code 55123-4914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2552963330141
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. NARASIMHAN KIDAMBI
 Full Name (Last, First, Middle Initial)
 Mailing Address 18477 85TH AVE N
 City MAPLE GROVE State MN Zip Code 55311-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Bus Anlys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2552963830141
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. THOMAS D SCIUTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 ACORN LANE
 City MILFORD State CT Zip Code 06461-1876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2552966130141
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	198.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. BARRY R STREIT
Full Name (Last, First, Middle Initial)

Mailing Address 5421 KELLOGG AVENUE

City EDINA State MN Zip Code 55424-1604

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation RVP Medicr Field Sls

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2552966730141

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

B. MONICA L RAYBURN
Full Name (Last, First, Middle Initial)

Mailing Address 688 WEST SYCAMORE

City VERNON HILLS State IL Zip Code 60061-1084

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Clms

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2553475130141

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

C. RICHARD D THOMAS
Full Name (Last, First, Middle Initial)

Mailing Address 5121 DUPONT AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55419-1151

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1067.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2553475430141

Amount of Each Receipt this Period 194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. DENEEN VOJTA		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2553475530141
Mailing Address 5201 KELLOGG AVENUE		Amount of Each Receipt this Period 386.00
City EDINA	State MN	Zip Code 55424-1304
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation SVP Bus Initiv Clin Aff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2123.00	P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. KARSTEN S FLAGSTAD		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2554013030141
Mailing Address 13420 JAY ST NW		Amount of Each Receipt this Period 200.00
City ANDOVER	State MN	Zip Code 55304-4015
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation VP Info Tech	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DANIEL J CLUTE		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2560064430141
Mailing Address 7756 N 85TH STREET		Amount of Each Receipt this Period 194.00
City OMAHA	State NE	Zip Code 68122-1281
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation Med Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1067.00	P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	780.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. CRAIG W GAGE		Date of Receipt 05 / 31 / 2013 Transaction ID : PR2560064730141
Mailing Address 5724 EAGLEMOUNT CIRCLE		Amount of Each Receipt this Period 78.00
City LITHIA	State FL	Zip Code 33547-3840
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Med Dir
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00	P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DONALD J GIANCURSIO		Date of Receipt 05 / 31 / 2013 Transaction ID : PR2560064930141
Mailing Address 72 MIDNIGHT RIDGE DR		Amount of Each Receipt this Period 386.00
City LAS VEGAS	State NV	Zip Code 89135-1680
FEC ID number of contributing federal political committee. C	Name of Employer Health Plan of Nevada	Occupation Hlth Plan CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2123.00	P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JERI L JONES		Date of Receipt 05 / 31 / 2013 Transaction ID : PR2560065130141
Mailing Address 512 W ORANGEWOOD AVE		Amount of Each Receipt this Period 78.00
City PHOENIX	State AZ	Zip Code 85021-7252
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00	P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	542.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. SHELDON LIPPMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 CLIFFFIELD ROAD
 City BEDFORD State NY Zip Code 10506-1210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1067.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2560065430141
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. ANGELA L LOBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 2837 EAST PARK PLACE
 City MILWAUKEE State WI Zip Code 53211-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB VP Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1067.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2560065530141
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. JEFFREY D LUCHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 191 MAIN ST
 City S GLASTONBURY State CT Zip Code 06073-3004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Act Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1067.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2560065630141
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 582.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. DAVID MILICH
 Mailing Address 2702 BIRCHMERE COURT
 City State Zip Code
 KATY TX 77450-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2560066030141
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. TIMOTHY J NOEL
 Mailing Address 4408 THOMAS AVE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55410-1968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Finance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2560398830141
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JAMES CRONIN
 Mailing Address 20700 DELTA DRIVE
 City State Zip Code
 GAITHERSBURG MD 20882-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 423.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2560821130141
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 232.92
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. BRIAN W LUND		Date of Receipt
Mailing Address 464 EAST NORTH AVE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
GRANTSBURG	WI	54840-7423
FEC ID number of contributing federal political committee.		Transaction ID : PR2561457630141
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
United HealthCare Services Inc	Mgr Tax	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="429.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LARRY W CAVANAUGH		Date of Receipt
Mailing Address 520 NE 20TH ST # 1010		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
WILTON MANORS	FL	33305-2162
FEC ID number of contributing federal political committee.		Transaction ID : PR2563211030141
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
United HealthCare Services Inc	Spc Ben Govt Dntl Sls Mgr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="429.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KATHLEEN R CRAMPTON		Date of Receipt
Mailing Address 2335 SOUTH OCEAN BLVD B5		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
PALM BEACH	FL	33480-5368
FEC ID number of contributing federal political committee.		Transaction ID : PR2563211130141
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	P/R Deduction (\$100.00 Bi-Weekly)
United HealthCare Services Inc	Plan Pres	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="356.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. JENNIFER F WALSH

Mailing Address 3116 4TH STREET NORTH

City	State	Zip Code
ARLINGTON	VA	22201-1614

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1067.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : PR2564296830141

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. ANDREW C MACKENZIE

Mailing Address 1912 IRVING AVE S

City	State	Zip Code
MINNEAPOLIS	MN	55403-2823

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Bus Segment CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : PR2564297130141

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. STEPHEN E SWANSON

Mailing Address 3001 HUNTINGTON COURT

City	State	Zip Code
KATY	TX	77493-1159

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	KA VP Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
429.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : PR2564297330141

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	472.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. HARVEY J BALTHASER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11417 ARCHSTONE DR
 City State Zip Code
 AUSTIN TX 78739-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2564297530141
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. CHRISTOPHER CHARLES CARLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 12801 OVERLOOK ROAD
 City State Zip Code
 DAYTON MN 55327-9678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2564802630141
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. PAUL DANIEL HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 18430 62ND PLACE NORTH
 City State Zip Code
 MAPLE GROVE MN 55311-4585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Controller Mkt Group
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1067.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2564802730141
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 312.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ELIZABETH D MORAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2231 BENT TREE LANE
 City MENDOTA HEIGHTS State MN Zip Code 55120-2003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1067.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2564803130141
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. KATHERINE L KENNY
 Full Name (Last, First, Middle Initial)
 Mailing Address 22408 FITZGERALD DRIVE
 City LAYTONSVILLE State MD Zip Code 20882-2301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB VP of Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2564803230141
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. PAUL O MARDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 718 HICKORY HILL RD
 City FRANKLIN LAKES State NJ Zip Code 07417-1707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2564803330141
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. WILLIAM T MCENERY
Full Name (Last, First, Middle Initial)

Mailing Address 2012 HUMBOLDT AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55405-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Bus Segment CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : PR2564803630141

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Bi-Weekly)

B. TAMMY A O'HARE
Full Name (Last, First, Middle Initial)

Mailing Address 2420 SAINT GEORGE WAY

City	State	Zip Code
BROOKEVILLE	MD	20833-3265

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	SB VP Sls

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
429.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : PR2564803930141

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

C. DEBRA J BERNS
Full Name (Last, First, Middle Initial)

Mailing Address 2553 WASHBURN AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55416-4350

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Chief Complnc/Ethics Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1067.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : PR2564804030141

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	372.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KATHRYN S RUBIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 SYCAMORE LANE
 City PLYMOUTH State MN Zip Code 55441-5615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Social Resp/Pres Found
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1067.00**

Date of Receipt **05 / 31 / 2013**
Transaction ID : PR2564804330141
 Amount of Each Receipt this Period **194.00**
 P/R Deduction (\$97.00 Bi-Weekly)

B. JARROD A FORBES
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 PARK FOREST DRIVE
 City CHESTERFIELD State MO Zip Code 63017-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **440.00**

Date of Receipt **05 / 31 / 2013**
Transaction ID : PR2564804530141
 Amount of Each Receipt this Period **80.00**
 P/R Deduction (\$40.00 Bi-Weekly)

C. WENDY D ARNONE
 Full Name (Last, First, Middle Initial)
 Mailing Address N62W13531 SUNBRUST DRIVE
 City MENOMONEE FALLS State WI Zip Code 53051-8335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **05 / 31 / 2013**
Transaction ID : PR2568900530141
 Amount of Each Receipt this Period **100.00**
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	374.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KENDALL B MARSH
Full Name (Last, First, Middle Initial)

Mailing Address N72 W24078 CRAVEN DR

City SUSSEX State WI Zip Code 53089-1998

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SB Dir Acct Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **05 / 31 / 2013**

Transaction ID : PR2568900630141

Amount of Each Receipt this Period **390.00**

P/R Deduction (\$39.00 Bi-Weekly)

B. MATTHEW H STEARNS
Full Name (Last, First, Middle Initial)

Mailing Address 5131 MASSACHUSETTS AVENUE

City BETHESDA State MD Zip Code 20816-2739

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Comm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt **05 / 31 / 2013**

Transaction ID : PR2571777930141

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 Bi-Weekly)

C. BRUCE E MOYER
Full Name (Last, First, Middle Initial)

Mailing Address 18426 MAGENTA BAY

City EDEN PRAIRIE State MN Zip Code 55347-1051

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt **05 / 31 / 2013**

Transaction ID : PR2571778330141

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► **195.00**

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. RICHARD A ELLIOTT		Date of Receipt MM / DD / YYYY 05 / 31 / 2013
Mailing Address 715 WOODSCAPE TRAIL		Transaction ID : PR257258830141
City ALPHARETTA	State GA	Zip Code 30022-3246
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 78.00	
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00	

Full Name (Last, First, Middle Initial) B. JEFFREY P DEAN		Date of Receipt MM / DD / YYYY 05 / 31 / 2013
Mailing Address W5912 DEAN ROAD		Transaction ID : PR2572589430141
City TOMAHAWK	State WI	Zip Code 54487-8314
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00	
Name of Employer United HealthCare Services Inc	Occupation Dir Finance	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. KEVIN JAMES CARLSON		Date of Receipt MM / DD / YYYY 05 / 31 / 2013
Mailing Address 4909 WEST SUNNYSLOPE ROAD		Transaction ID : PR2572590030141
City EDINA	State MN	Zip Code 55424-1170
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 78.00	
Name of Employer United HealthCare Services Inc	Occupation Chief of Staff	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00	

SUBTOTAL of Receipts This Page (optional).....▶	236.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. THERESA M CLARKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 16652 1/2 GRAND AVE
 City BELLFLOWER State CA Zip Code 90706-5038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Clin Qty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2572591130141
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. THOMAS P WIFFLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1421 SOMERFIELD DRIVE
 City BOLINGBROOK State IL Zip Code 60490-3207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1067.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2572992730141
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. MICHAEL J MCGINNITY
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 MCINDOE ST
 City WAUSAU State WI Zip Code 54403-4976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2573519030141
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JOHN C SICKELS
Full Name (Last, First, Middle Initial)

Mailing Address 1706 TALL OAKS

City WAUSAU State WI Zip Code 54403-8118

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation TPA NA VP SIs AM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2573519130141

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

B. JAMIE BURNETT
Full Name (Last, First, Middle Initial)

Mailing Address 4625 EWING AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55410-1745

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2574988230141

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

C. LORI A VAN HOLMES
Full Name (Last, First, Middle Initial)

Mailing Address 4117 BRYANT AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55409-1423

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Human Capital Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1067.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2575030930141

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. CARY J MCCARTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8800 RUMFIELD RD
 City NORTH RICHLAND HILLS State TX Zip Code 76182-6131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2575059430141
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. PHEBE M CHAMPION
 Full Name (Last, First, Middle Initial)
 Mailing Address 5124 WEDMORE CT
 City NORTH LAS VEGAS State NV Zip Code 89031-0364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Assc Dir Cust Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2575108330141
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. SCOTT G CASSANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8113 BANDOLEER CT
 City LAS VEGAS State NV Zip Code 89131-4561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Dir Prov Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2575164430141
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	328.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. MICHAEL PATRICK STAMM

Mailing Address 6721 MOSSY GLEN DR

City State Zip Code
 FORT MYERS FL 33908-4771

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc VP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2575194630141

Amount of Each Receipt this Period
 80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. HOWARD CHARLES GILPIN JR

Mailing Address 1210 SHEPARD DRIVE

City State Zip Code
 BLUE BELL PA 19422-3481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Dir Act Cnslt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2575224930141

Amount of Each Receipt this Period
 78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JOHN J ESSLINGER

Mailing Address 4944 W 151ST TERRACE

City State Zip Code
 LEAWOOD KS 66224-9744

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Sr Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : PR2575288930141

Amount of Each Receipt this Period
 78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 236.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. DAVID W WALSH
Full Name (Last, First, Middle Initial)

Mailing Address 2158 CARROLL AVENUE

City SAINT PAUL State MN Zip Code 55104-5042

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
05 / 31 / 2013

Transaction ID : PR2575312730141

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

B. JEFFREY A GOLDBERG
Full Name (Last, First, Middle Initial)

Mailing Address 3410 BRADLEY LANE

City CHEVY CHASE State MD Zip Code 20815-3262

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Strat Clnt Rel Ex Optuml

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt
05 / 31 / 2013

Transaction ID : PR2575326930141

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

C. MICHAEL J TELESKY
Full Name (Last, First, Middle Initial)

Mailing Address 2602 PENNINGTON PLACE

City VALPARAISO State IN Zip Code 46383-9163

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Spc Ben KA SB RVP Sls

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt
05 / 31 / 2013

Transaction ID : PR2575350930141

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	256.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 105
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JERI L LOSE
Full Name (Last, First, Middle Initial)
Mailing Address 9995 DELL ROAD

City EDEN PRAIRIE	State MN	Zip Code 55347-3524
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Info Tech
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : PR2575419830141

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

B. PAUL B HEBERT
Full Name (Last, First, Middle Initial)
Mailing Address 54 GREENWOOD DRIVE

City SOUTH WINDSOR	State CT	Zip Code 06074-2957
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation CEO Spclty Bens Dntl
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : PR2575522330141

Amount of Each Receipt this Period
250.00

P/R Deduction (\$125.00 Bi-Weekly)

C. MICHAEL PETEROY
Full Name (Last, First, Middle Initial)
Mailing Address 1004 PHILLIPS STREET

City VISTA	State CA	Zip Code 92083-7171
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Bus Process
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
429.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : PR2575585630141

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	528.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. TERRENCE M CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 COOPER AVENUE
 City EDINA State MN Zip Code 55436-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1067.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2575636930141
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. NANCY J SUBLETTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 CLARA #24
 City SAINT LOUIS State MO Zip Code 63112-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation PS Dir Strat Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2575646930141
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. RONALD MICHAEL GONG
 Full Name (Last, First, Middle Initial)
 Mailing Address 2240 SOUTH MOON VIEW DRIVE
 City HACIENDA HEIGHTS State CA Zip Code 91745-5739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation M R Sls Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2575651530141
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	372.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. CARL E ALLEN		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2575669330141
Mailing Address 8675 AZURE SKY DRIVE		Amount of Each Receipt this Period 78.00
City LAS VEGAS	State NV	Zip Code 89129-2227
FEC ID number of contributing federal political committee. C	Name of Employer Southwest Medical Assoc. Inc.	Occupation Phys Dir
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00	
		P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. STEVEN CHARLES FELTON		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2575701130141
Mailing Address 6837 29TH AVE NE		Amount of Each Receipt this Period 40.00
City SEATTLE	State WA	Zip Code 98115-7236
FEC ID number of contributing federal political committee. C	Name of Employer Optum Clinical Services INC	Occupation Mgr Nurse Pract
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. CARLOS E ADAME		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : PR2575755430141
Mailing Address 42584 WHISTLE COURT		Amount of Each Receipt this Period 78.00
City TEMECULA	State CA	Zip Code 92592-7105
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Human Capital Partner Mgr
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00	
		P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	196.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. DARREL A FARKUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 WHITE OAK DRIVE
 City ASBURY State NJ Zip Code 08802-1155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Bus Dvlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2575797530141
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. LAURIE ERIN RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3108 SONIA DRIVE
 City LAS VEGAS State NV Zip Code 89107-3246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2575812130141
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. EDWARD JOHN SKOPAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 JOEL DR
 City HEBRON State CT Zip Code 06248-1245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2575842730141
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	234.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. PATRICK J LANGAN
Full Name (Last, First, Middle Initial)

Mailing Address 405 MEADOW LANE

City BENSON State MN Zip Code 56215-1033

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1067.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : PR2575885030141

Amount of Each Receipt this Period
 194.00

P/R Deduction (\$97.00 Bi-Weekly)

B. MICHAEL W MEDEIROS
Full Name (Last, First, Middle Initial)

Mailing Address 7112 LANGMUIR DRIVE

City MCKINNEY State TX Zip Code 75071-4606

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Clnt Mgmt NA Accts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : PR2575930630141

Amount of Each Receipt this Period
 78.00

P/R Deduction (\$39.00 Bi-Weekly)

C. MARC T SALINAS
Full Name (Last, First, Middle Initial)

Mailing Address 1630 ROCK RIDGE DRIVE

City PROSPER State TX Zip Code 75078-9728

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : PR2575967930141

Amount of Each Receipt this Period
 78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JUDITH GAGER PERLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 CANTERBURY LANE
 PO BOX 2108
 City VINEYARD HAVEN State MA Zip Code 02568-5659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2575968930141
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. MARK LEENAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8157 GARLAND LANE NORTH
 City MAPLE GROVE State MN Zip Code 55311-1774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation NA Med Dir/CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2575982830141
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. MARC R BRIGGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 RED TREE CT
 City DRAPER State UT Zip Code 84020-7704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 31 / 2013
Transaction ID : PR2576001630141
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 236.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. RESTOR JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 2700 CRESCENT RIDGE ROAD

City State Zip Code
MINNETONKA MN 55305-2806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc VP Entrprs Real Estate Svs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1067.00

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2576051630141

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

B. JOHN F REX
Full Name (Last, First, Middle Initial)

Mailing Address 503 HARRINGTON ROAD

City State Zip Code
WAYZATA MN 55391-1512

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Mkt Group CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2123.00

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2576060030141

Amount of Each Receipt this Period
386.00

P/R Deduction (\$193.00 Bi-Weekly)

C. CHANDRA LUE TORGERSON
Full Name (Last, First, Middle Initial)

Mailing Address 5433 10TH AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55417-2413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc VP Med Clin Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
429.00

Date of Receipt
05 / 31 / 2013
Transaction ID : PR2576128630141

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	658.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. TERRI M JACQUE
Full Name (Last, First, Middle Initial)

Mailing Address 10508 MORNING DROP AVE

City LAS VEGAS State NV Zip Code 89129-3223

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Plan of Nevada Occupation Assc Dir Preservice Review

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2576132430141

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

B. JOHN E FRIDNER
Full Name (Last, First, Middle Initial)

Mailing Address 782 PENFIELD DR

City CAROL STREAM State IL Zip Code 60188-4738

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SB NA VP SIs/Gen

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2576147530141

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

C. DANIEL J KENIRY
Full Name (Last, First, Middle Initial)

Mailing Address 5553 LITTLE FALLS ROAD

City ARLINGTON State VA Zip Code 22207-1525

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Gov't Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1067.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : PR2577379330141

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	37570.32

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Mike McIntyre For Congress

Mailing Address PO Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike McIntyre

Office Sought: House
 Senate
 President
State: NC District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 36043842

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement
Contribution

Candidate Name

Rep. S. Brett Guthrie

Office Sought: House
 Senate
 President
State: KY District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 36045287

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Alamo PAC

Mailing Address 919 Congress Ave, Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement
Contribution

Candidate Name

Alamo PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 36079642

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Alexander For Senate 2014 Inc

Mailing Address 228 S. Washington Street, Suite 11

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Lamar Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2013

Transaction ID : 36079643

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Heidi For Senate

Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502-1577

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Heidi Heitkamp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2013

Transaction ID : 36085101

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mark Pryor For US Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mark L. Pryor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2013

Transaction ID : 36085102

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Mark Pryor For US Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mark L. Pryor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2013

Transaction ID : 36085103

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bennet For Colorado

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Michael Bennet

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2013

Transaction ID : 36085104

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Blue Dog Political Action Committee

Mailing Address 6849 Old Dominion Drive, Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement
Contribution

011

Candidate Name

Blue Dog Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2013

Transaction ID : 36085105

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Collins For Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
Void - check dated 04.25.2013

011
Category/
Type

Candidate Name

Sen. Susan M. Collins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2013

Transaction ID : 36110615

Amount of Each Disbursement this Period

-1000.00

Void - check dated 04.25.2013

Full Name (Last, First, Middle Initial)

B. Collins For Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Sen. Susan M. Collins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2013

Transaction ID : 36110616

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ryan For Congress

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Paul D. Ryan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : 36111673

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Price For Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Thomas Edmunds Price M.D.

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2013

Transaction ID : 36111674

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Next Century Fund

Mailing Address 116 S Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Next Century Fund

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2013

Transaction ID : 36111675

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Walberg For Congress

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204-1362

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Timothy L. Walberg

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2013

Transaction ID : 36111676

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Every Republican Is Crucial (ERICPAC)

Mailing Address 25 E Main Street, Suite 200

City Richmond State VA Zip Code 23219-2109

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Every Republican Is Crucial (ERICPAC)

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 36111677

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Issa for Congress

Mailing Address PO Box 760

City Vista State CA Zip Code 92085-0760

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Darrell E. Issa

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 49

Date of Disbursement

/ /

Transaction ID : 36111678

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Michigan Republican Party - Federal Account

Mailing Address 520 Seymour Street

City Lansing State MI Zip Code 48933

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Michigan Republican Party - Federal Account

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 36111679

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends Of Todd Young, Inc.

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Todd Christopher Young

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2013

Transaction ID : 36111680

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hoyer's Majority Fund

Mailing Address 700 13th Street NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

011

Candidate Name

Hoyer's Majority Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2013

Transaction ID : 36111681

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Swalwell For Congress

Mailing Address PO Box 2847

City Dublin State CA Zip Code 94568

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Eric Michael Swalwell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2013

Transaction ID : 36111694

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kurt Schrader

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2013

Transaction ID : 36111696

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Vargas For Congress

Mailing Address 330 Encinitas Blvd., Suite 101

City Encinitas State CA Zip Code 92024

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Juan Vargas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2013

Transaction ID : 36111697

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Matheson For Congress

Mailing Address PO Box 521048

City Salt Lake City State UT Zip Code 84152-1048

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James D. Matheson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2013

Transaction ID : 36111699

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

12500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)

Mailing Address 601 Pennsylvania Avenue NW, Suite

City Washington State DC Zip Code 20004

Purpose of Disbursement
Contribution

Candidate Name
Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 36111701

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Bill Owens For Congress

Mailing Address PO Box 1575

City Plattsburgh State NY Zip Code 12901

Purpose of Disbursement
Contribution

Candidate Name
Rep. William Owens

Office Sought: House Senate President
State: NY District: 21

Disbursement For: 2014 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 36111729

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶